

Application Solicitors/Peddlers License

Date: _____
Permit #: _____

City of Aurora

303 Derting Road – Aurora, Texas – 76078
Phone 817.636.2783 Fax 817.636.2784 Email: cityofaurora@hotmail.com

To the best of his/her knowledge, the undersigned certifies that the information contained in this application is true and correct. The information is being furnished to make application for a license to solicit and/or peddle within the City of Aurora, Texas. Applicant hereby agrees to abide by all regulations as set forth by Ordinance of the City Council.

Applicant's Full Name: _____
Driver's License No.: _____
Address: _____
Phone No.: _____

Applicant's age:	Hair Color:
Date of Birth:	Eye Color:
Ethnicity:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Has applicant ever been convicted of or plead guilty to ANY crime?

☐ Yes ☐ No

If Yes,

CRIME	DATE OF CONVICTION/PLEA	LOCATION

Name of Employer: _____
Employer's Phone No.: _____
Address: _____

Description of item for which applicant seeks solicitor/peddler license:

NOTE: *Applicant is required to apply for a criminal background check through the Texas Department of Public Safety and/or Wise County Sheriff's Department. A copy of said background check AND permit fee of \$50.00 should be submitted with this application. Failure to submit the required background check will result in the denial of this license.*

This license will expire on the last day of the year for which it is issued.

Printed name of applicant: _____

Signature of applicant: _____

Date signed: _____

FOR OFFICIAL USE ONLY

☐

APPROVED

☐

DENIED

City Administrator

Date